

Beneficiary Designation Form.

Albin Engineering Services, Inc. 401(k) Plan

Group Number:711870	Social Security Number:
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EMPLOYEE INFORMATION

Last Name:	First:	M.I.
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Are you currently married?

- Yes If you designate your spouse as the Primary Beneficiary for less than 100% of your death benefit, your spouse must sign the Spousal Consent Agreement below. In addition, if applicable, the Plan Administrator may require you to complete a qualified preretirement survivor annuity waiver.
- No

Receipt of this form in the offices of your Employer cancels all prior beneficiary designations and spousal consent filed with your Employer. No change of Beneficiary will take effect until this request has been received in good order by your Employer.

BENEFICIARY INFORMATION

Upon your death, all proceeds from the Plan will be paid to your beneficiary(ies) in the order specified below. Only you, the participant, may change this designation. If you do not designate a beneficiary, or your beneficiary and spouse, if any, does not survive you, your death benefit will be paid according to the terms of the plan.

Please type or print the following information for each beneficiary:

Primary Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit <small>(Must be a whole percentage)</small>

Contingent Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit <small>(Must be a whole percentage)</small>

PLEASE SEE THE REVERSE SIDE FOR EXAMPLES OF PROPER BENEFICIARY DESIGNATIONS

I hereby designate the person(s) listed above as my beneficiary(ies) under the Plan.

Employee Signature	Date / /
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Spousal Consent Agreement – To be completed if Primary Beneficiary is other than spouse (if applicable)

This notice will certify that, as spouse of the Participant named above, I have consented to my spouse naming the person(s) listed above as Primary Beneficiary(ies) of any death benefits provided by the Plan. I hereby waive any and all rights I may have received under the Plan had this Spousal Consent not been granted.

Spousal Signature	Date / /
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Signature of Witness (Plan Administrator or Notary Public)	Date / /
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TO BE RETAINED BY PLAN ADMINISTRATOR

BENEFICIARY DESIGNATION

- A. If you are married, the beneficiary you designate must be your spouse unless your spouse consents in writing, as witnessed by a Notary Public or plan administrator, to designate another beneficiary.
- B. A married woman should be indicated by her own given name, not that of her husband. Example: Mary N. Jones, not Mrs. John R. Jones.
- C. Please complete the Beneficiary Designation **including** name, address, Social Security number, date of birth, relationship, and percentage of death benefit (totaling 100%).

Listed below are some common beneficiary designations:

<u>Type of Beneficiary</u>	<u>Examples of Designations</u>
One Beneficiary	Jane Doe, wife, 100%
Two or more Primary Beneficiaries, equally among the survivors	John Doe, son, 33% Carol Smith, daughter, 33% Mark Doe, son 34% or equally among the survivor(s)
Two or more Primary Beneficiaries, with their share to their children	John Doe, son, 33% Carol Smith, daughter, 33% Mark Doe, son 34% <u>per stirpes</u>
Primary and Contingent Beneficiaries either or	Jane Doe, wife, 100% if living; otherwise, children (name each child) equally among the survivors <u>per stirpes</u>
Participant's Estate Trustee	Participant's Estate Jane Doe, trustee under trust agreement* dated...

If the word "trustee" is used in a beneficiary designation, the date of the execution of the agreement or a copy of the trust agreement must be furnished.

Please retain a copy for your records..